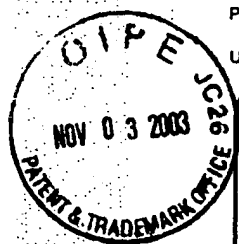


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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number	SCHU 202 US-PFF/NDH (989 68)
First Named Inventor	WEILER, JAN
COMPLETE IF KNOWN	
Application Number	PCT/DE97/01332
Filing Date	24.6.97
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR COMBINING PARALLEL OLIGONUCLEOTIDE SYNTHESIS AND  
PREPARATION OF OLIGOMER CHIPS

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) JUNE 24, 1997

as United States Application Number or PCT International

Application Number PCT/DE97/01332 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
196 24 397.7	DE	06/25/1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

(January 1997)

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## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Peter F. Felfe	20,297	James R. Crawford	39,155
John E. Lynch	20,940		
Norman D. Hanson	30,946		
John A. Bauer	32,554		
James Zubok	38,671		
Mary Anne Schofield	36,669		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	<u>NORMAN D. HANSON</u>		
Address	<u>FULBRIGHT &amp; JAWORSKI, L.L.P.</u>		
Address	<u>666 FIFTH AVENUE</u>		
City	<u>NEW YORK</u>	State	<u>NY</u>
		ZIP	<u>10103</u>
Country	<u>U.S.A.</u>	Telephone	<u>212-318-3000</u>
		Fax	<u>212-752-5958</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	<u>Jan</u>	Middle Initial		Family Name	<u>WEILER</u>	Suffix e.g. Jr.	
Inventor's Signature						Date	<u>22.3.99</u>
Residence: City	<u>D-69181 St. Ilgen</u>	State	<u>D</u>	Country	<u>GERMANY</u>	Citizenship	<u>German</u>
Post Office Address	<u>Johannes-Brahms-Strasse 22, D-69181 St. Ilgen</u>						
Post Office Address	<u>Federal Republic of Germany</u>						
City	<u>D-69181 St. Ilgen</u>	State	<u>D</u>	Zip		Country	<u>Germany</u>

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

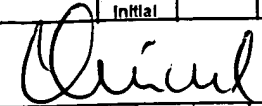
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PCRA 1995

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+

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Jorg.				Middle Initial				Family Name		HOEISEL				Suffix e.g. Jr.			
Inventor's Signature										Date		12 March 98							
Residence: City		D-69168 Wiesloch				State		D		Country		Germany				Citizenship		German	
Post Office Address		Richard-Wagner-Strasse 2, D-69168 Wiesloch																	
Post Office Address		Federal Republic of Germany																	
City		D-69168 Wiesloch				State		D		Zip				Country		Germany			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip				Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip				Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip				Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip				Country					

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

